County: Juneau HERITAGE MANOR PO BOX 167

ELROY 53929 Phone: (608) 462-8491 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 80 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 80 Average Daily Census: 79

Number of Residents on 12/31/00: 79

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	44. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1. 3	More Than 4 Years	26. 6
Day Services	No	Mental Illness (Org./Psy)	57. 0	65 - 74	6. 3		
Respite Care	No	Mental Illness (Other)	2. 5	75 - 84	32. 9		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53. 2	****************	******
Adult Day Health Care No Para-, Quadra-, Hem		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6. 3	Full-Time Equivale	nt
Congregate Meals No Cancer		1. 3			Nursing Staff per 100 R	esi dents	
Home Delivered Meals No Fractures		0.0		100. 0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	7. 6	65 & 0ver	98. 7		
Transportation	No	Cerebrovascul ar	11.4			RNs	9. 9
Referral Service	Yes	Di abetes	2. 5	Sex	%	LPNs	1. 8
Other Services	Yes	Respi ratory	0.0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	17. 7	Male	21. 5	Aides & Orderlies	34. 0
Mentally Ill	No			Female	78. 5		
Provi de Day Programming for			100.0			[
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi	care		Medio	ai d											
	(Title 18)		((Title 19)			0ther		P	Private Pay			Managed Care			Percent	
			Per Die	em	Per Dien			m Per Diei		m Per Diem			m Per Diem To			Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	3. 5	\$110.07	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 5%
Skilled Care	1	100. 0	\$120.00	51	89. 5	\$94. 59	0	0.0	\$0.00	21	100. 0	\$120.00	0	0. 0	\$0.00	73	92. 4%
Intermediate				4	7. 0	\$79. 12	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	4	5. 1%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Total	1	100. 0		57	100. 0		0	0. 0		21	100. 0		0	0. 0		79	100.0%

HERITAGE MANOR

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 12/	31/00
Deaths During Reporting Period							
				•	% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	8. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.3	Bathi ng	1. 3		57. 0	41.8	79
Other Nursing Homes	12. 0	Dressi ng	5. 1		58. 2	36. 7	79
Acute Care Hospitals	66. 7	Transferring	24. 1		54. 4	21. 5	79
Psych. HospMR/DD Facilities	8. 0	Toilet Use	10. 1		43. 0	46. 8	79
Rehabilitation Hospitals	0.0	Eating	38. 0		40. 5	21. 5	79
Other Locations	4. 0	***************	*********	*****	******	*********	******
Total Number of Admissions	75	Conti nence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	6. 3	Receiving R	espi ratory Care	1. 3
Private Home/No Home Health	11. 1	Occ/Freq. Incontinent	of Bladder	69. 6	Recei vi ng T	racheostomy Care	0. 0
Private Home/With Home Health	6. 9	Occ/Freq. Incontinent	of Bowel	32. 9	Receiving S	ucti oni ng	0. 0
Other Nursing Homes	5.6				Receiving 0	stomy Care	3. 8
Acute Care Hospitals	30. 6	Mobility			Recei vi ng T	ube Feeding	2. 5
Psych. HospMR/DD Facilities	6. 9	Physically Restrained	l	32. 9	Receiving M	echanically Altered Diets	44. 3
Rehabilitation Hospitals	0. 0						
Other Locations	4. 2	Skin Care			Other Residen	t Characteristics	
Deaths	34. 7	With Pressure Sores		10. 1	Have Advanc	e Directives	73. 4
Total Number of Discharges		With Rashes		15. 2	Medi cati ons		
(Including Deaths)	72				Receiving P	sychoactive Drugs	59. 5

		0wn	ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Pro	pri etary	50	- 99	Ski	lled	Al I	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 8	80. 4	1. 23	85. 4	1. 16	84. 1	1. 17	84. 5	1. 17
Current Residents from In-County	54. 4	74. 2	0. 73	72. 9	0. 75	76. 2	0.71	77. 5	0.70
Admissions from In-County, Still Residing	20. 0	19. 0	1. 05	21.3	0. 94	22. 2	0. 90	21.5	0. 93
Admissions/Average Daily Census	94. 9	135. 3	0. 70	101.3	0.94	112. 3	0.85	124. 3	0. 76
Discharges/Average Daily Census	91. 1	137. 7	0. 66	101.3	0.90	112. 8	0.81	126. 1	0.72
Discharges To Private Residence/Average Daily Census	16. 5	57. 0	0. 29	37. 6	0. 44	44. 1	0. 37	49. 9	0.33
Residents Receiving Skilled Care	94. 9	89. 4	1.06	89. 6	1.06	89. 6	1.06	83. 3	1. 14
Residents Aged 65 and Older	98. 7	95. 9	1.03	93. 4	1.06	94. 3	1.05	87. 7	1. 13
Title 19 (Medicaid) Funded Residents	72. 2	71.6	1. 01	69. 0	1.05	70. 1	1.03	69. 0	1.05
Private Pay Funded Residents	26. 6	19. 0	1.40	23. 2	1. 14	21. 4	1. 24	22.6	1. 18
Developmentally Disabled Residents	0.0	1. 2	0.00	0.9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	59. 5	35. 9	1. 66	41.5	1.43	39. 6	1. 50	33. 3	1. 78
General Medical Service Residents	17. 7	18. 2	0. 97	15. 4	1. 15	17. 0	1.04	18. 4	0.96
Impaired ADL (Mean)	59. 2	47. 3	1. 25	47.7	1. 24	48. 2	1. 23	49. 4	1. 20
Psychological Problems	59. 5	45 . 0	1. 32	51.3	1. 16	50. 8	1. 17	50. 1	1. 19
Nursing Care Required (Mean)	9. 7	6. 7	1. 43	6. 9	1. 39	6. 7	1. 43	7. 2	1. 35